State of California
Department of Pesticide Regulation
TRAVEL EXPENSE CLAIM
DPR-027 (Rev. 3/04)

See Instructions and Privacy Statement on Reverse Side

Page 1 of 1

	Out-of	-State	Trip N	No.									Training					
Claimant's Name							Telephone Number							Employee Number				
Mary-Ann Warmerdam							916-445-4000 City State Zip Code						E000113420					
Home Address P.O. Box 467									State Zip Code CA 95697			Position Director						
Headquarters Address 1001 I Street						City Sacrame	nto	State CA		Zip C 95814		Branch Executive Office				1	/I No. kempt	
(1) Month/Year D					ere Expenses Were	(4)	(5)	Meals		(6) Incid'l	(7)	Transportation				(8)	(9) Total	
11/09 (2) Time		a t	Incurred (Between what Points)		en what Points)	Lodging					(A) Cost	(В) Туре	(C) Tolls Carfare	(D) Private Car		Business Expense	Expenses for Day	
Depart		е					Breakfast	Lunch	Dinner				Pkg.	Miles	Amt.	1		
1630	1800	2	Sacran	nento								SC	6.00				6.00	
``					ETING WITH												0.00	
			CROP	LIFE AM	IERICA												0.00	
																	0.00	
0630		16			an Diego, San	92.43		10.00	18.00	<u> </u>		SC, A, RC		ļ <u>.</u>			120.43	
	2000	17			ido, Temecula, and to Sacramento		6.00	10.00	18.00	6.00		RC, A, SC	18.00	↓	<u> </u>		58.00	
					T WITH COUNTY			<u> </u>							ļ		0.00	
	:		AGRICULTURAL COMMISSIONER FARM BUREAU, AND PEST CONTROL OPERATORS OF			<u>' </u>				ļ							0.00	
			CALIE		ATORS OF	<u> </u>		ļ	ļ					<u> </u>	ļ		0.00	
		<u> </u>	ļ					ļ					.4	 			0.00	
<u> </u>		<u> </u>	 				ļ	-			·			-			0.00	
		L	<u> </u>				<u> </u>	<u> </u>	ļ	<u> </u>		<u> </u>	<u> </u>	L			0.00	
			Jse On	lly)		6 146												
TRAVEL ADVANCE						\$ 140.00									\$		184.43	
(10) CLAIM TOTAL (11) Purpose of Trip, Remarks & Details							104.4.											
11/2:(7)(C): parking at Crop Life America meeting 11/17:(7)(B): passenger in another state employed																		
11/17:(7)(B): passenger in another state employed 11/17:(7)(C): parking at Sacramento Airport (reco																chicle Licer	ise No.	
							't							(14) Mileage Rate Claimed				
(15) I HEDERY CERTIEV that the above is a time statement of the								e travel expenses incurred by me in accordance with DPA rules in the service of the State of California.									a Ifa	
privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, that I have met the requirements as prescribed by SAM Sections 0750 - 0754 pertaining to vehicle safety and seat belt usage.																		
Clai	nant 8	gnatu	ire	KI	h	udo	dest 12.16.09											
		ur		au s	June	resce												
(16)	Signat	uice of	Office	آھ	oving Travel an	Payment Special Expense Authorization (See item 17 on reverse)												
			<u> </u>								X 7 0	1						
(18) Program Use						Accounting Uşe Only						dy						
In	lex	x PCA %		0	bj. Code	ļ	Amount			Tax N		ax Check Num		nber TEC Amt. Due				
2100		13000		100														
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																	·	